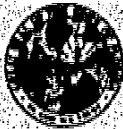


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 APR 28 PM 3:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/15/1988	3a. Date of Last Report 05/26/1994
4. FEI Number 65-0083240	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 103.032, Florida Statutes ☐ Yes ☐ No	

DOCUMENT # M71842 (2)

1. Corporation Name
MODELO SUPERMARKET, INC.

Principal Place of Business % JORGE DE LA OSA 1517 S.W. 37TH AVE. MIAMI FL 33145	Mailing Address % JORGE DE LA OSA 1517 S.W. 37TH AVE. MIAMI FL 33145
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	25 Country

9. Name and Address of Current Registered Agent RIOS, IGNACIO 625 S.W. 9TH ST. APT. 12 MIAMI FL 33135	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
---	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	NAME RIOS, IGNACIO	1.1 TITLE ☐ Change ☐ Addition	1.2 NAME
STREET ADDRESS 2240 SW 62 AVE	CITY- ST- ZIP MIAMI FL	1.3 STREET ADDRESS	1.4 CITY- ST- ZIP
TITLE S	NAME RIOS, ODILA	2.1 TITLE ☐ Change ☐ Addition	2.2 NAME
STREET ADDRESS 2240 SW 62 AVE	CITY- ST- ZIP MIAMI FL	2.3 STREET ADDRESS	2.4 CITY- ST- ZIP
TITLE	NAME	3.1 TITLE ☐ Change ☐ Addition	3.2 NAME
STREET ADDRESS	CITY- ST- ZIP	3.3 STREET ADDRESS	3.4 CITY- ST- ZIP
TITLE	NAME	4.1 TITLE ☐ Change ☐ Addition	4.2 NAME
STREET ADDRESS	CITY- ST- ZIP	4.3 STREET ADDRESS	4.4 CITY- ST- ZIP
TITLE	NAME	5.1 TITLE ☐ Change ☐ Addition	5.2 NAME
STREET ADDRESS	CITY- ST- ZIP	5.3 STREET ADDRESS	5.4 CITY- ST- ZIP
TITLE	NAME	6.1 TITLE ☐ Change ☐ Addition	6.2 NAME
STREET ADDRESS	CITY- ST- ZIP	6.3 STREET ADDRESS	6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/95
Date

305-444-5644
Telephone #